

June 1997

State/Territory: _____

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212 &
1902(e)(2) of the
Act, P.L. 99-272
(section 9517) P.L.
101-508 (section
4732)

3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in section 1903(m)(2)(B)(iii), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C).

— The State elects to guarantee eligibility. The minimum enrollment period is _____ months (not to exceed six).

— The State measures the minimum enrollment period from:

- The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.
- The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.
- The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

STATE	New Mexico	A
DATE	June 3, 1997	
DATE	September 2, 1997	
DATE	July 1, 1997	
HCFA	97-02	

SUPERSEDES: TN - 92-01

*Agency that determines eligibility for coverage.

IN No. _____	Approval Date _____	Effective Date _____
Supersedes		
IN No. _____		

State/Territory: NEW MEXICO

Agency* Citation(s) Groups Covered

1903(m)(2)(F)
of the Act,
P.L. 98-369
(section 2364),
P.L. 99-272
(section 9517),
P.L. 101-508
(section 4732)

B. Optional Groups Other Than the Medically Needy
(Continued)

The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

X Disenrollment rights are restricted for a period of six months (not to exceed 6 months).

During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

 No restrictions upon disenrollment rights.

1903(m)(2)(H),
1902(a)(52) of
the Act
P.L. 101-508
(section 4732)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an entity having a contract under section 1903(m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

X The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

 The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

STATE	NEW MEXICO
DATE	JUNE 3, 1997
DATE	SEPTEMBER 2, 1997
DATE	JULY 1, 1997
DATE	97-02
A	

*Agency that determines eligibility for coverage.

TN No. _____ Approval Date _____ Effective Date _____
Supersedes _____
TN No. _____

HCFA ID: 7983E

SUPERSEDES: TN. 92-01

State/Territory: New Mexico

Agency*	Citation(s)	Groups Covered
IV-A		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.217	<u>X</u>	4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

STATE <u>New Mexico</u>	A
DATE REC'D <u>2-16-92</u>	
DATE APPV'D <u>2-26-92</u>	
DATE EFF <u>1-1-92</u>	
HCFA 179 <u>92-01</u>	

*Agency that determines eligibility for coverage.

TN No. 92-01 Approval Date 2/26/92 Effective Date 1/1/92
Supersedes
TN No. 91-19 HCFA ID: 7983E

State: NEW MEXICO

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10) ☒ 5. Individuals who would be eligible for
(A)(ii)(VII) Medicaid under the plan if they were in a
of the Act medical institution, who are terminally
ill, and who receive hospice care in
accordance with a voluntary election described in
section 1905(o) of the Act.

☐ The State covers all individuals as
described above.

☐ The State covers only the following group or
groups of individuals:

☐ Aged
☐ Blind
☐ Disabled
☐ Individuals under the age of--
 ☐ 21
 ☐ 20
 ☐ 19
 ☐ 18
☐ Caretaker relatives
☐ Pregnant women

*Agency that determines eligibility for coverage.

TN No. 91-19 Approval Date JAN 15 1992 Effective Date OCT 1 1991
Supersedes
TN No. 87-2 *page 11 item 5* HCFA ID: 7983E

STATE <u>New Mexico</u>	A
DATE REC'D <u>DEC 17 1991</u>	
DATE APPV'D <u>JAN 15 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-19</u>	

State: NEW MEXICO

Agency* -Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.220

☒

6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

☒

The State covers all individuals as described above.

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

☒

The State covers only the following group or groups of individuals:

- ☐ Individuals under the age of--
 - ☐ 21
 - ☐ 20
 - ☐ 19
 - ☐ 18
- ☐ Caretaker relatives
- ☐ Pregnant women

42 CFR 435.222
1902(a)(10)
(A)(ii) and
1905(a)(i) of
the Act

7. ☒

a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 21 as indicated below.

- ☐ 20
- ☐ 19
- ☐ 18

TN No. 92-02

Supersedes 91-19

TN No. 91-19

Approval Date MAR 10 1992

Effective Date JAN 01 1992

HCFA ID: 7983E

STATE	<u>New Mexico</u>	A
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DATE APP'D	<u>MAR 10 1992</u>	
DATE EFF	<u>JAN 01 1992</u>	
HCFA 179	<u>92-02</u>	

State: NEW MEXICO

Agency* Citation(s) Groups Covered

Social Services
and IV-A

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.222

X b. Reasonable classifications of individuals
described in (a) above, as follows:

X (1) Individuals for whom public
agencies are assuming full or
partial financial responsibility
and who are:

X (a) In foster homes (and are under
the age of 18).

X (b) In private institutions (and are
under the age of 18).

 (c) In addition to the group under
b.(1)(a) and (b), individuals
placed in foster homes or
private institutions by private,
nonprofit agencies (and are
under the age of).

 (2) Individuals in adoptions subsidized
in full or part by a public agency
(who are under the age of).

 (3) Individuals in NFs (who are under
the age of). NF services
are provided under this plan.

 (4) In addition to the group under
(b)(3), individuals in ICFs/MR (who
are under the age of).

TN No. 91-19
Supersedes
TN No. 87-02

Approval Date JAN 15 1992

Effective Date OCT 1 1991

HCFA ID: 7983E

page 12 Item 7(b)(1)
87-03 page 13 Item 7 (b)(1)(a)

STATE <u>New Mexico</u>	A
DATE REC'D <u>DEC 17 1991</u>	
DATE APPV'D <u>JAN 15 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-19</u>	

Revision: New Mexico
June, 1993

(BPD)

ATTACHMENT 2.2-A
Page 13a

State: NEW MEXICO

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

— (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

*CYFD

X (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 93-13
Supersedes
TN No. 91-19

Approval Date

01/04/95

Effective Date

08/01/94

HCFA ID: 7983E

STATE	<u>New Mexico</u>	A
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DATE APP'D	<u>01-04-95</u>	
DATE EFF	<u>08-01-94</u>	
HCFA 179	<u>93-13</u>	

State: NEW MEXICO

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VIII)
of the Act

☒

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

a. Was eligible for Medicaid under the State's approved Medicaid plan; or

b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

___ 21
___ 20
___ 19
___ 18

TN No. 91-19
Supersedes
TN No. 87-3

Approval Date JAN 15 1992
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Effective Date OCT 1 1991
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STATE	<u>New Mexico</u>
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HCFA 179	<u>91-19</u>

A

State: NEW MEXICO

Agency*	Citation (s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.223 ✓

9. Individuals described below who would be eligible
for AFDC if coverage under the State's AFDC plan
were as broad as allowed under title IV-A:

1902(a)(10)
(A)(ii) and
1905(a) of
the Act

___	Individuals under the age of--
___	21
___	20
___	19
___	18
___	Caretaker relatives
___	Pregnant women

TN No. 91-19
Supersedes
TN No. 87-3

Approval Date JAN 15 1992

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HCFA ID: 7983E

87-3

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Page 15 Paragraph 1

STATE	<u>New Mexico</u>	A
DATE REC'D	<u>DEC 17 1991</u>	
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DATE EFF	<u>OCT 01 1991</u>	
HCFA 179	<u>91-19</u>	

State: NEW MEXICO

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230 ☒ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.
435.120

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
 - (1) All aged individuals.
 - (2) All blind individuals.
 - (3) All disabled individuals.

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TN No. 87-3
Approval Date JAN 15 1992 Effective Date OCT 1 1991
page 15 items 10-10(d)(3) HCFA ID: 7983E

STATE <u>New Mexico</u>	A
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HCFA 179 <u>91-19</u>	